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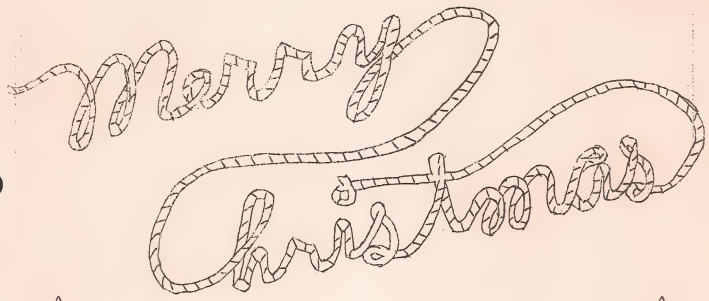
Vol. 3, no. 6

THE MONTANA ROUNDUP

OF INDUSTRIAL HEALTH BRIEFS



AND A

HEALTHY

NEW YEAR

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NEW DIRECTOR

The Division of Dental Health, Montana State Board of Health, is now under the direction of Francis I. Livingston, D.D.S., L.D.S., M.S.P.H., who has planned an active state-wide dental health program.

In private practice, Dr. Livingston specialized in dentistry for children. He has a background of 18 years experience in public health work, and has organized and administered large programs.

He comes to Montana after 5 & one-half years with the Washington State Department of Health where he was in charge of the dental program and was also the Hospital Administration Consultant.

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"INDUSTRY'S TOOTHACHE"

Oral disease of occupational origin was recognized as early as the first century A.D., when a description was given of mercurial stomatitis.

Today, industry's toothaches are varied, endless and beset with dangerous consequences. Difficulty with acute dental lesions, frequently of several days' duration, jeopardizes not only the safety of the victim but also the safety of fellow workers. Pain, loss of sleep, fatigue and mental distraction set the stage for accidents.

The worker whose mouth harbors extensive infection cannot long retain his health, vigor or productive effectiveness. In time, he becomes of continuous concern to himself and family and to industrial health and safety. In the case of industrial accidents and occupational traumas, prolonged treatment and retarded recovery is often attributable to dental infection. Elimination and treatment of abnormal dental conditions are a pre-requisite to treatment of and recovery from many ailments that beset the industrial worker.

The first recorded dental health program in industry in the U. S. A. is that of the Barber Match Company (1890). Other firms followed this lead and added impetus was added during World War I. Many programs were curtailed or suspended during the depression years. World War II proved conclusively the need for, and effectiveness of dental health programs for the industrial worker. Confidential reports just released for publication of the dental health service in the "secret city" of Oak Ridge, Tennessee, show the effectiveness of well coordinated programs.

Expansion in the field of industrial dentistry will depend upon the training of more qualified industrial dental consultants, plant physicians as highly skilled as a dentist in the interpretation of abnormal mouth conditions, and the facilities for dental service outside the plant, i.e. an adequate number of private practitioners of dentistry in the vicinity. At present, industrial dental programs are being adjusted to the newer philosophy of dental supervision, examination, dental health education, emergency care only in the plant and referral.

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Advisory and consultive service on industrial dental programs is available through the Division of Dental Health in cooperation with the Division of Industrial Hygiene, Montana State Board of Health.---------
F. I. Livingston, D.D.S., L.D.S., M.S.P.H., Director, Division of Dental Health, Montana State Board of Health, Helena, Montana.

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ARE WE PREVENTING SILICOSIS?

Since 1936, there have been 2086 deaths in Montana from tuberculosis--1502 men and 584 women, a ratio of approximately 3 to 1. In 1945, of the 166 deaths, 116 were men and 50 were women. This ratio is close to 2 to 1. This change in ratio has been continuous for the past 10 years. It is even more evident in the 1945 case reports, where less than two men were reported for each woman.

It was felt that a greater incidence of death in men from tuberculosis might have been caused by a decreased resistance to the disease due to silica dust exposure. It could be interpreted to indicate that since the deaths from tuberculosis in men are decreasing more rapidly than in women, there has been a reduction in the health hazard in dusty industry. This would seem to show that the preventive measures being advocated by the Industrial Hygiene Division are being taken up by industry, and, as a result, we are preventing some cases of silicosis. It would also seem to show that the active program being conducted by the Division of Tuberculosis Control was showing evidence of results. The combined efforts of these two organizations are definitely contributing to the health of men working in dusty operations, through the recognition, evaluation and control of occupational health hazards and occupational diseases.--Arthur E. Rikli, M.D., Director, Division of Tuberculosis Control.

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AT YOUR SERVICE!

A pamphlet describing all of the Industrial Health Services offered by the Division of Industrial Hygiene has been printed by the Montana State Board of Health and is now available upon request.

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HELP! DOCTORS! DENTISTS!

The Division of Industrial Hygiene is urgently in need of the assistance of members of the medical and dental professions in the reporting of occupational diseases. There exists, in many industries in the state, dangerous exposure to toxic fumes, vapors and dusts which is undoubtedly causing occupational illnesses. Control or elimination of health hazards can be attained only by your cooperation in the diagnosis and reporting of occupational diseases.

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LEAD POISONING

There are three ways by which lead can gain entrance into the human body--by inhalation, by ingestion and by absorption. Of these three, inhalation is by far the most important cause of lead poisoning. This is readily understood when we consider the fact that a person breathes 16 or more times per minute and the fine lead dust particles or lead fumes enter the circulatory system without the various organs of the body having a chance to throw them off.

The contraction of lead poisoning through ingested lead is of lesser importance as a person eats only three times a day and a large percentage of the lead which enters the body by ingestion is eliminated directly or is retained by the liver and does not reach the blood stream. It usually requires a higher concentration and a longer overall dose of lead to produce poisoning where ingestion is the only method of exposure.

Existing data indicates that the only serious hazard of lead poisoning by absorption can come through the handling of tetraethyl lead.

The maximum continuous exposure of a workman for an 8-hour day has been established at .15 milligrams of lead per cubic meter of air at the breathing zone level, and men working in a higher concentration of lead will undoubtedly show some symptoms of lead poisoning or high lead excretion when subjected to blood or urine tests.

It is imperative that industries having a lead exposure take steps to eliminate or control this hazard, and the first step to be taken is to determine the extent of the lead exposure. The Industrial Hygiene Division, in an effort to assist in the control of occupational diseases, will make these tests for you, they will give an accurate evaluation of the hazard and recommendations for its control or elimination.

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RING IN THE NEW!

On the front page we have wished you a Healthy New Year. Our combined efforts can make the year of 1947 a more healthy and happy year through the control or elimination of the causative factors of occupational diseases. Let us resolve that no fume or vapor exposure shall exist in our industries, that no dust or solvent hazard shall go uncontrolled--Let's really give the industrial employee a chance for a Healthy and Happy 1947.

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